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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration submitted with Initial Filing

Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16 (e) required)

Attorney Docket Number	PC11026AJAK
First Named Inventor	Stephanie K. Hall
COMPLETE IF KNOWN	
Application Number	To be assigned
Filing Date	Herewith
Group Art Unit	To be assigned
Examiner Name	To be assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS AND REAGENTS FOR DETECTING INCREASED RISK OF DEVELOPING AN INFLAMMATORY DISORDER

(Title of the Invention)

the specification of which
 is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B sheet attached hereto.
60/258,034	12/22/2000	<input type="checkbox"/>

EXPRESS MAIL NO. EL911725504US

DECLARATION - POA FOR UTILITY OR DESIGN, PTO SB 01, 12/99

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DECLARATION ---- Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 U.S.C. 1.56, which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer Number
or

Place Customer Number Bar Code Label here

Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
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J. Trevor Lumb	28,567	Mervin E. Brokke	32,723
James T. Jones	30,561	Valerie M. Fedowich	33,688
Gregg C. Benson	30,997	Bryan C. Zielinski	34,462
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Arlene K. Musser	37,895	Michelle A. Sherwood	36,271
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Allen J. Spiegel	25,749	Raymond D. Thompson	30,695
Robert T. Barker	41,597		

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number or Bar Code Label **OR** Correspondence address below

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

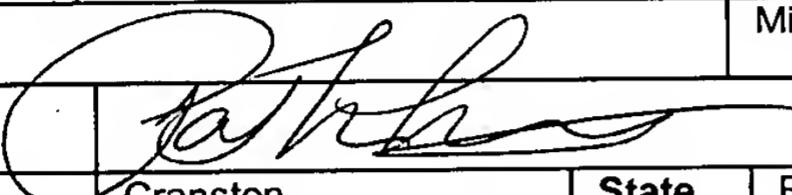
Family Name or Surname

Stephanie K. Hall

Inventor's Signature	<i>Stephanie K. Hall</i>					Date 12/20/01	
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Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box - **+****DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
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City		State		Zip		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	